SEP 21 2018

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS PRELIMINARY INFORMATION - ANSWER FACH OF THESE QUESTIONS EXEMPTION - Have you excluded from this report eny other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) et any point during the reporting period? C. Did you or your spouse heve "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Name: TRUSTS - Datails regarding "Qualified Blind Trusta" spproved by tha Committee on Ethics and certsin other "excepted trusts" need not be disclosed. Have you excluded from this report details of such e trust thet benefits you, your spouse, or dependent child? reporting period? A. Did you, your spouse, or your dependent child: UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FILER STATUS Receive more than \$200 in uneamed income from any reporteble a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? Stewart I Levenson, MD Employing Office: U.S. House of Representatives New Officer or Employee Candidates - Date of Ejection: New Member of or Candidate for THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" District: State: Shared Staff Filer Type (if Applicable): Z No. Yes Yes No Daytime Telephone For New Members, Candidates, and New Employees Principal Assistant š J. Did you receive compensation of more than \$5,000 from a single source in the current yeer and two prior years? F. Did you have eny reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the deta of filing? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? FORM B 8 Period Covered: January 1, Check if Amandment A \$200 penalty shell be assessed against eny individual who files more than 30 days iste. U.S. House Concentration (Office Use Only) LEGISLATIVE RESOURCE CENTER 18 SEP 28 PH 12: 57 Yes **ĕ** ĕ * Page 1 of 10 중 Z Z X \boxtimes

exemption? Do not answer "yes" unless you heve first consulted with the Committee on Ethics.

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SCHEDULE A

	A - ASSETS & "UNEARNED INCOME"	
Name:	Stewart I Levenson, MD	
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AMER ELEC	ALTAIA	ABBVIE	3MC		E CONTROL			all interest-bearing accounts. It we tosk is over \$5,000, lets every financial institution where there is \$5,000 in Inferest-bearing accounts. For sexual and other real properly held for investment, provide a complete address or description, e.g., fertial properly, and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there were revise income during the reporting period); and any financial interest in, or income defined from, a federal interest in, or income stated form, a federal interest in, or income stated forms an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a distalled discussion of Schedula A requirements, please refer to the instruction booklet.	For bank and other cash accounts, total the amount in	For all IRAs and other retirement plans (such as 401(R) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funda (do not use only ticker symbols).	identify. (a) such asset held for investment or production of income and with a fair market value succeeding \$1,000 at the end of the reporting period, and (b) any other reportable esset or source of knooms which generated more than \$200 in "unearned" income during the year.	Assets and/or income Sources	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Stewart I Levenson, MD

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	HEDULE A - ASSETS & "UNEARNED INCOME"	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 6 of 10

SCHEDULE D - LIABILITIES

Name: Page <u>o</u> ō

exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spousa, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Excluda: Any mortgage on your parsonal residence (unless you rent it out or are a Member); loans sacured by eutomobiles, household furniture, or appliances; liabilities of a businass in which you own an interest (unless you are personally liabile); and jebilities owed to you by a spouse or the child, parent, or aibling of you or your spouse. Report e revolving charge account (i.a., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for lisbilities held solely by your spouse or dependent child.

			BP.		
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		Morigage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Raport all positions, compenseted or uncompensated, as en officer, director, trustee of an organization, partner, propriator, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting

period and the current calendar year. First-year candidate	period and the current calendar year. First-year candidates and new employees report positions need in the current calendar year and two previous years.
Position	Name of Organization

SCHEDULE C - EARNED INCOME

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Name:	Stewart i Levenson, inc
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List the source, type, and amount of earned income from eny source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the file and filer's spouse, list the eource and amount of eny honorerie. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (euch as National Guard or Reserve pay), federal retirement programs, and benefits received under the Sociel Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be edvised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honorarie, director's fees, and payments for a second payments of the sec

professional services involving a fiduciery relationship) ere totally prohibited for Members and senior staff.

	1	Ат	Amount
Source (include date of receipt for honorana)	Type	Current Year to Fiting	Preceding Year
ABC Trade Association, Beltimore, MO (July 15)	Honorartum	\$0	\$500
Examples: Out War Roundlable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N.S.	- 33
DARTMOUTH HITCHCOCK CLINIC	SALARY	\$34 000	\$8,500
	,		

SCHEDULE F - AGREEMENTS

Stewart I Levenson, MD Q

	Name:	Page of /O
Identify the data, perties to, and general terms of eny agreement or arrangement that you have with respect to: future employment	spect to: future employment; a leave of absence during the period of government service	lovernmant service;
continuation or deferral of payments by e former or current employer other than the U.S. government; or continuing participation in employer.	or continuing participation in en employee welfare or benefit plan maintained by a former	italned by a former

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Terms of Agreement

Parties to Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business effiliation for services provided directly by you during the current yeer and two prior years. This includes the names of clients and cuetomera of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Paymants by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Stewart I Levenson, MD

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				NOTE NUMBER
			US BOUT PENSION VA MEDICAL CENTER	NOTES